| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 1997 Application 1, 1997 | | | | | | | | | | | | n or Docket Number | | |
|---|---|-----------------------------|-------------|----------------|-----------|-------------------------------------|------------------|-------|--------------------|------------------------|-------|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | SMAL TYP | L ENTITY | OR | | R THAN ENTITY | |
| FOF | | | NUMB | ER FILED | • | NUMBER EXTRA | | | RATE | FEE |] | RATE | FEE | |
| BAS | C FEE | | | | | | | | | 395.00 | OR | | 790.00 | |
| TOT | AL CLAIMS | | <u> </u> | 3 Z minus 20 = | | | * /2 | | | | OR | x\$22= ₀ | 264 | |
| INDE | PENDENT CL | AIMS | minus 3 = * | | | · / | | | x41= | | OR | x82= | 72 | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | | +135= | : | OR | +270= | 110 | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | ı | TOTAL | | OR | TOTAL | 1136 | | |
| i b 1/45 - 1v. | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | | | SMAL | L ENTITY | OR | | R THAN ENTITY | |
| AMENDMENT A | | 1 | INING ER | | NU PRE | GHEST JMBER VIOUSLY ID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * 2 | | Minus | ** | 32 | = | | x\$11= | | OR | x\$22= | | |
| | Independent | * | 4 | Minus | *** | 4 | = | | x41= | | OR | x82= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +135= | | OR | +270= | | |
| B_ | Danlob Carol (Column 1) (Column 2) (Column 3) | | | | | | | | TOTA DDIT. FEI | | OR , | TOTAL ADDIT. FEE | | |
| AMENDMENT B | | CLA REMA AFT AMEND | INING ER | | NL PRE | GHEST IMBER VIOUSLY ID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | v | RATE | ADDI- TIONAL FEE | |
| | Total | *: | | Minus | ** | | = | | x\$11= | | OR | x\$22= | | |
| | Independent | * | | Minus | *** | | = | | x41= | | OR | x82= | | |
| ٩ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +135= | | OR | +270= | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | TOTAI ODIT. FEE | | OR , | TOTAL ADDIT. FEE | | |
| AMENDMENT C | | CLA REMA AFT AMEND | INING ER | | NU PRE | GHEST IMBER VIOUSLY D FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | * | | Minus | ** | | = | Ī | x\$11= | | OR | x\$22= | | |
| | Independent | * | | Minus | *** | | = | | x41= | | OR | x82= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | | OR | +270= | | |
| *** If t | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |